

POWER OF ATTORNEY OR REVOCATION OF POWER OF ATTORNEY WITH A NEW POWER OF ATTORNEY AND CHANGE OF CORRESPONDENCE ADDRESS	Application Number	10/583,387
	Filing Date	01-05-2006
	First Named Inventor	SHAW, David Peter
	Title	Prosthetic valves for medical application
	Art Unit	3774
	Examiner Name	SCHILLINGER, Ann M.
	Attorney Docket Number	PLBE,DD1U

I hereby revoke all previous powers of attorney given in the above-identified application.

☐ A Power of Attorney is submitted herewith.

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☒ I hereby appoint Practitioner(s) associated with the following Customer Number as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith:

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☒ Applicant/Inventor.

OR

☐ Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.72(b) (Form PTO/SB/06) submitted herewith or filed on

SIGNATURE of Applicant or Assignee of Record

Signature

Name

Date

Telephone

Title and Company

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☐ Total of forms are submitted.

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